· P0300/34240

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
	ŀ			

Office Use Only



800061724338

11/30/05--01022--015 **35.00

OS NOV 30 AM 11: 15

15 12/05 15 RO

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Paull Construction, Inc.						
(Name of Corporation)						
DOCUMENT NUMBER: P03000134240						
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to	o the following:					
Thomas A. Paull (Name of Conta	act Person)					
Paull Construction, Inc. (Firm/Con	npany)					
1044 Lillian st. (Addre	ss)					
Venice, Fl. 34285 (City/State and	Zip Code)					
For further information concerning this matter, please cal	_					
Thomas A. Pauli (Name of Contact Person)	at (941) 650-7723 (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Departm	eent of State.					
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\dot{}$ FOR CORPORATIONS

	ons of sections 607.0502, 617.0502, submitted for a corporation organize		
	ange its registered office or registere		
1. The name of the corp	poration: Paull Construction, Inc.	•	
2. The principal office	address: 1044 Lillian St. , Venice	e, Fl. 34285	
3. The mailing address	(if different):		
4. Date of incorporation	n/qualification: Nov. 10, 2003	Document number: P	03000134240
5. The name and street Florida Department	address of the current registered age of State:	nt and registered office on	file with the
Tho	mas A. Paull, Paull Const	ruction, Inc.	
105	Van Dyck Dr.		30, B, N
Nok	omis, Fl. 34275		
6. The name and street (if changed):	address of the new registered agent ((if changed) and /or registe	ared office
Pau	Ill Construction, Inc.		
104	4 Lillian St.		
Von	(P.O. Box NOT acceptable)		
			
The street address of i as changed will be ide	ts registered office and the street ac intical.	ddress of the business offi	ice of its registered agent,
Such change was auth authorized by the boar	norized by resolution duly adopted lead, or the corporation has been noticed.	by its board of directors of the char	r by an officer so nge.
Surfel	officer or director)	Thomas A. Paull	President
I hereby accept the ap I further agree to com of my duties, and I am document is being file	pointment as registered agent and iply with the provisions of all statut familiar with and accept the oblig a merely to reflect a change in the notified in writing of this change.	acree to act in this canac	eitv
In 1	Zell	Nov. 28, 2005	
, , ,	f Registered Agent)	(Date)	
If signing on behalf of	f an entity:		
(Typed or	Printed Name)		
	* * * FILING FEE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)